

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. E313846

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATIONCASE # 14-00580LOCAL AGENCY CODINGTOTAL # OF UNITS 02 OBJECT STRUCK

M	M	D	D	Y	Y	Y	Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION	03	-	12	-	2014		2030	31		N <input type="checkbox"/> E <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	IN <input checked="" type="checkbox"/> OF 0664

ON (PRIMARY TRAFFIC WAY) INTERSECTION ☒ NON-INTERSECTION ☐MARKET PLACE BLOCK NO. ☒ 9100DISTANCE OF (REFERENCE OR CROSS STREET)
MILES ☐ N ☐ E ☐ S ☐ W 91ST AVE NEUNIT 01 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 3608093415LAST NAME GARCIA AYALA FIRST NAME JULIO MIDDLE INITIAL CSTREET NEW ADDRESS 17606 158TH PL SECITY MONROE ST WA ZIP 982721611CDL RESTRICTIONS ENDORSEMENTSDRIVER'S LICENSE # GARCJC086PK STATE WA SEX M D.O.B. MMDDYYYY 10 - 12 - 1992ON DUTY ☐ STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIESLICENSE PLATE # ANL2169 STATE WA VIN# JHMC65642YC000347TRAILER PLATE # STATE TRAILER PLATE # STATEVEH. YEAR 2000 MAKE HOND MODEL ACD4D STYLE 4D VEHICLE TOWED YES ☐ NO ☒ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO. HUGO GARCIA-AREVALO 17606 158TH PL SE MONROE WA 98272LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # STATE FARM 107 5181-009-47BVEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEUNIT 02 MOTOR VEHICLE ☒ PEDAL-CYCLE ☐ PEDESTRIAN ☐ PROPERTY OWNER ☐ DAMAGE THRESHOLD MET YES ☒ NO ☐ PHONE D: 4253307821LAST NAME LYNCH FIRST NAME KEVIN MIDDLE INITIAL ASTREET NEW ADDRESS 1101 AVE D #F204CITY SNOHOMISH ST WA ZIP 98291CDL RESTRICTIONS ENDORSEMENTSDRIVER'S LICENSE # LYNCHKA125RZ STATE WA SEX M D.O.B. MMDDYYYY 12 - 09 - 1988ON DUTY ☐ STATUS AIRBAG 3 RESTR. 4 EJECT 1 HELMET USE 2 INJURY CLASS 1 NATURE OF INJURIESLICENSE PLATE # 147ZFN STATE WA VIN# 1FAHP35N99W230916TRAILER PLATE # STATE TRAILER PLATE # STATEVEH. YEAR 2009 MAKE FORD MODEL FOC4D STYLE 4D VEHICLE TOWED YES ☒ NO ☐ TOWED BY GOVT. VEHICLE YES ☐ NO ☒REGISTERED OWNER INFO.LIABILITY INSURANCE IN EFFECT ☒ INSURANCE CO & POLICY # NATIONWIDE PPNM0033224845-5VEHICLE LEGALLY STANDING YES ☐ NO ☐ CITATION # CHARGEOFFICER'S NAME (PRINT) ANDREW THOR BADGE OR ID # 115 AGENCY WA0311900

PART A 3000-345-159 R (7/06)

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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591972

CORRECTION

REPORT NO. E313846

CASE #

14-00580

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		GARCIA DAMIAN A																			
ADDRESS & PHONE #		17606 158TH PL SE MONROE WA 982721611 3608093415												SEX	M	D.O.B. MMDDYYYY	10	-	12	-	2008
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	1	SEAT POS.	7	AIRBAG	1	RESTR.	8	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)																					
ADDRESS & PHONE #														SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			
NAME (LAST, FIRST, MIDDLE INITIAL)																					
ADDRESS & PHONE #														SEX		D.O.B. MMDDYYYY		-		-	
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES			

NARRATIVE

Vehicle 1 attempted to make a left turn without yielding to oncoming traffic, striking Vehicle 2 as it entered the intersection. Both drivers had a solid green light at the time of collision.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

ANDREW THOR

03-13-14 02:52 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

3/13/2014 5:17:42 AM

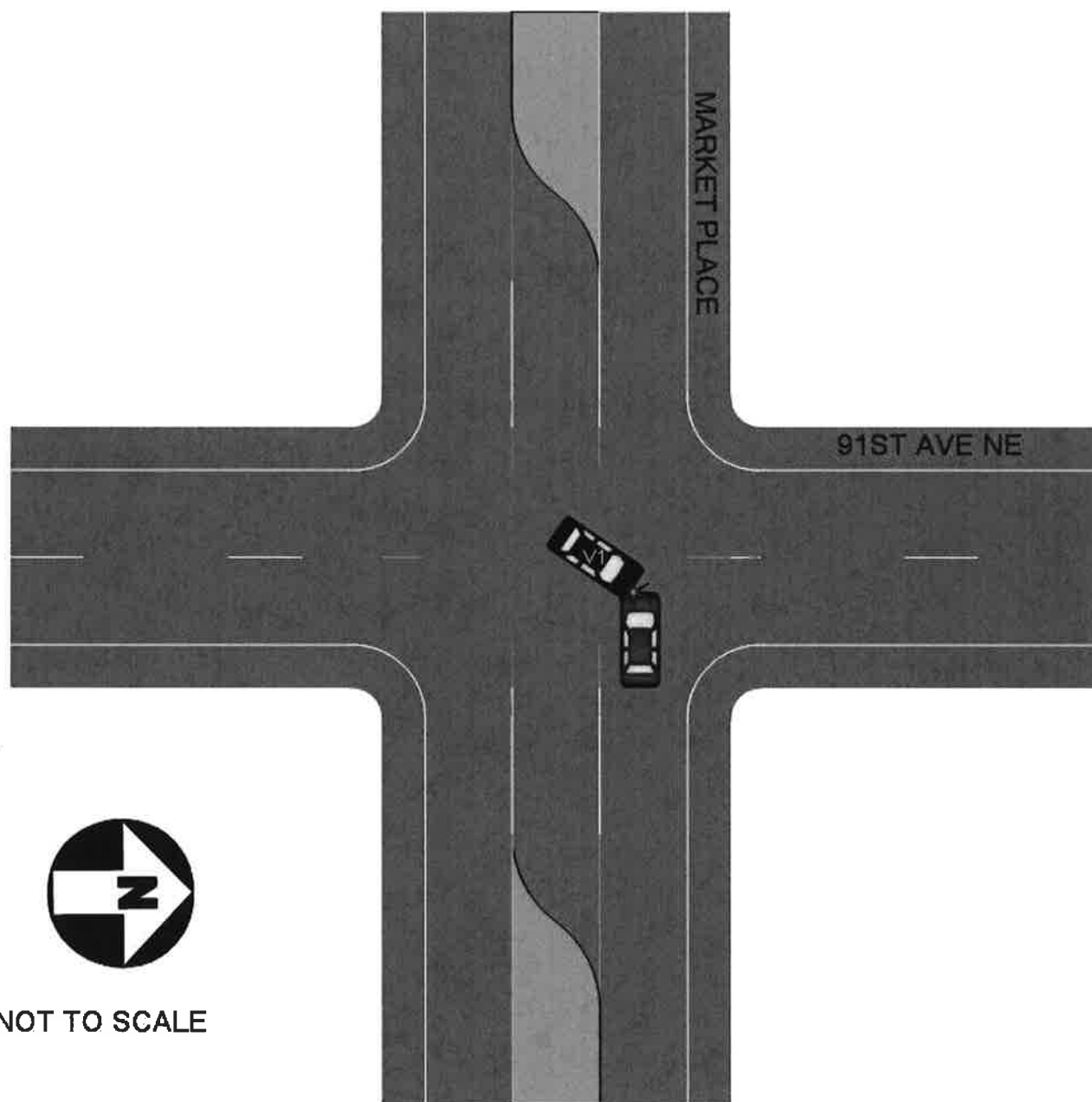
BADGE OR ID #	115	ORI #	WA0311900	TIME POLICE DISPATCHED	8:30 PM	TIME POLICE ARRIVED	8:30 PM
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PART B 3000-346-160 R (7/06)

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REPORT NO. E313846

CASE # 14-00580

DATE AND TIME
OF COLLISION 03/12/14 20:30

LAKE STEVENS POLICE EVIDENCE UNIT		Primary Officer/Badge Number A. THOR #115		Case Number 14-00580	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: VEHICLE COLLISION		Date/Time: 3/12/14	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			

Item # AT1 Action # 3	Item CD - RW	Brand Name (COMPRESSOR)		Storage Location	Disposition
	Brand/Model/Caliber 760MB		(Further Description) PHOTO CD		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

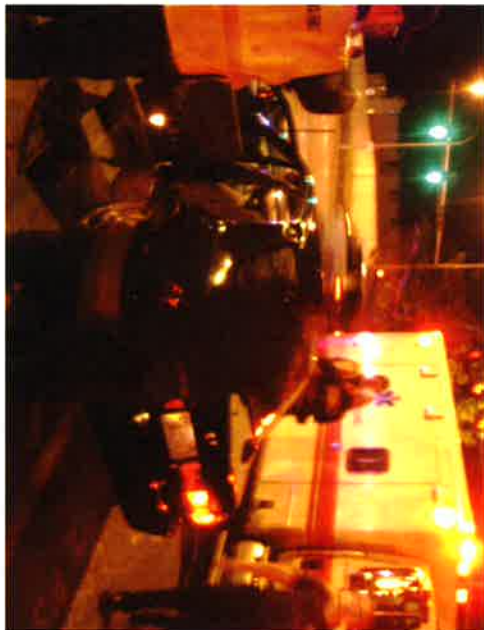
Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

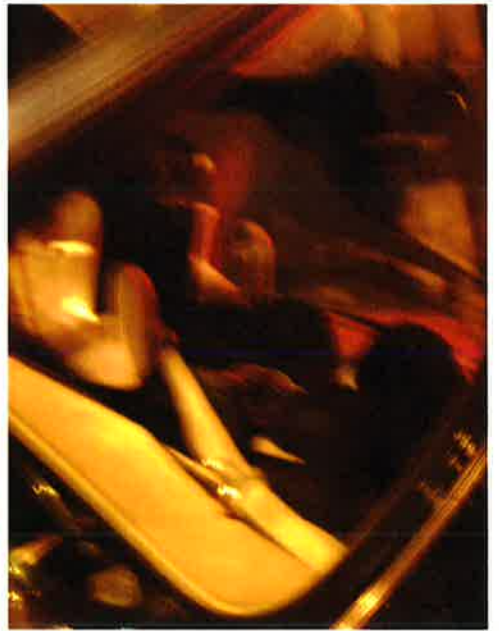
Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Item #	Item	Brand Name		Storage Location	Disposition
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name _____ Address _____ City _____ State _____ Zip _____ Phone # _____				Barcode goes here	
Owner Signature/Other remarks /additional information/ special instructions					

Evidence Control Use Only:					
Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING: _____	
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room	
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File	







LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT

DoB 10/12/08 Damian A. Garcia

CASE NUMBER 14-00580



VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Salio Garcia	RACE	ETH	SEX M	DOB 10/12/08	AGE 21	HGT	WGT	HAIR	EYES
STREET ADDRESS 17006 158th PL SE		CITY Monroe		STATE WA		ZIP 98222		RES. STATUS		
HOME PHONE		CELL PHONE 360-809-3415		PLACE OF EMPLOYMENT						
WORK PHONE		EMAIL ADDRESS								

I, _____, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Was stop in the left turn lane, when ^{the light} turned green I noticed there was no car ~~stoped~~ stopped in the opposite lanes, so I turned left, As I was turning in the middle of the intersection, A car comes speeding down and hits my front end.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: Salio Garcia	DATE SIGNED	LOCATION SIGNED
OFFICER/NUMBER: A. THOR #112	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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LAKE STEVENS POLICE DEPARTMENT

VICTIM/WITNESS STATEMENT



CASE NUMBER 14-00580

VICTIM / WITNESS

NON-DISC <input type="checkbox"/>	NAME (LAST, FIRST MIDDLE) Lynch Kevin Alan	RACE M	ETH W	SEX M	DOB 12-9-88	AGE 25	HGT 5'11"	WGT 150	HAIR BLK	EYES BLU
STREET ADDRESS 1161 Pine D Apt F204		CITY Shoreline			STATE WA		ZIP 98148		RES. STATUS WA	
HOME PHONE		CELL PHONE 425-330-7821			PLACE OF EMPLOYMENT home depot					
WORK PHONE		EMAIL ADDRESS								

I, Kevin, DID NOT GRANT, NOR TO MY KNOWLEDGE DID ANYONE ELSE OF PROPER AUTHORITY, GRANT ANYONE PERMISSION TO ENTER MY: (CIRCLE ONE) RESIDENCE, PROPERTY, AND/OR SUCH ASSET(S) UNDER MY CONTROL; NOR WAS PERMISSION GRANTED TO SUCH PERSON(S) TO TAKE ANY ITEMS(S) FROM, NOR COMMIT ANY ACT(S) THEREIN. I WILL PROSECUTE FOR SUCH ACTIONS COMMITTED.

Was At red light at 91st and market It was red then it turned green and I proceeded to go I thought the guy in the turn lane was just creeping forward then he hit me instead of stopping. I had the right away to go throw the intersection

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT

SIGNATURE: <u>Kevin Lynch</u>	DATE SIGNED <u>2/12/14</u>	LOCATION SIGNED <u>91st & Market</u>
OFFICER/NUMBER: <u>Attor #115</u>	DATE SIGNED	LOCATION SIGNED

"The Lake Stevens Police Department is committed to a professional partnership with our community, by providing excellence in safety, service and education"

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Entered	03/12/14	20:30:00	BY SPCT07	SP0333
Dispatched	03/12/14	20:30:16	BY SPDF17	SP0326
Enroute	03/12/14	20:30:16		
Onscene	03/12/14	20:30:26		
Closed	03/12/14	21:25:39		

Loc: 91 AV NE/MARKET PL , LKS (V)

Phone: 4253307821

/2030	(SP0333)	ENTRY		,CC, 2 VEHs, NON INJ NON BLK
/2030	(SP0326)	DISPER	19N2	#SS115 THOR,OFFICER (ANDREW)
/2030		ONSCNE	19N2	
/2032		MISC	19N2	,REQ AID 2 AIR BAG DEPLOYMENTS AND STEAM
/2032		CROSS		#AG14000742
/2033		SUPP		NAM: 19N2,
				TXT: ALL PTS CABN,REQ EVAL
/2036	(*****)	REMINQ	19N2	ANL2169
/2036	(SP0326)	REMINQ	19N2	LIC, 19N2, ANL2169, , ,
/2036	(*****)	REMINQ	19N2	147ZFN
/2036	(SP0326)	REMINQ	19N2	LIC, 19N2, 147ZFN, , ,
/2044		ASNCAS	19N2	\$SS14000580
/2047	(SS95)	*ASST	19S13	[91 AV NE/MARKET PL , LKS]
				#SS95 MINER,SGT (ROBERT)
/2047	(SS115)	REMINQ	19N2	MDTWANT,LYNCH,KEVIN,S,120988,, ,WA,,,,,,,,,,,,,
/2047		REMINQ	19N2	MDTWANT,LYNCH,KEVIN,A,120988,, ,WA,,,,,,,,,,,,,
/2048		REMINQ	19N2	MDTWANT,,,,,, ,WA,GARCIJC086PK,,,,,,,,,,,,,
/2048	(SS95)	*ONSCNE	19S13	
/2055	(SP0326)	ROTREQ	19N2	TOW 5745 LKS RESCUE TOWING
				4253345821 ,FRONT END DAM 4 RND
/2056		MISC	19N2	,RESCUE TOW ER
/2102		MISC	19N2	,TOW OS
/2125		CLEAR	19N2	D/H
/2125		CLEAR	19S13	D/H
/2125		CLOSE	19S13	

SECTOR COLLISION